

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Tempe County Marijuana No. 207 St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			
DATE OF BIRTH* <u>Aug</u> <u>3</u> <u>1924</u>			
(Month) (Day) (Year)			
FULL NAME	FATHER <u>Layona Ellsworth</u>		
FULL MAIDEN NAME	MOTHER <u>Lena Stapley</u>		

I HEREBY CERTIFY that the child described herein
has been named

Carol Stapley Ellsworth
(Give name in full) (Surname)
Lena Ellsworth
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-48-S.P.Co.

358-803-328